

The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:)50000001		CITY OR	CITY OR TOWN HARVARD			
APPLICATION FOR I	RENEWAL:	Annual		LICEN	SED FOR 2	013	
		CLASS				YEAR	
LICENSEE NAME:	FRUITLANDS MI	USEUMS INC.					
DOING BUSINESS A							
ADDRESS 102 PROSI	PECT HILL						
CITY/TOWN: HARV	'ARD	STATE: MA	ZIP C	CODE:	01451		
MANAGER: LEBLA	NC, MARIE TYI	PE OF LICENSE: R	estaurant	C	ATEGORY:	All Alcohol	
EMAIL ADDRESS:							
		EBSITE AND ENTER YOUR	EMAIL ADDRESS	3			
DESCRIPTION OF LI MUSEUM BLDG,RES GROUNDS WITHIN O PROSPECT ROAD IN	STAURANT (TEA ON HUNDRED T	ROOM),FUNCTI					
I hereby certify and swe	ear under penalties	s of perjury that:					
1. the renewed	license will be of	the same type for the	ne same pren	nises now	licensed;		
	•	all laws of the Cor		relating t	o taxes; and		
3. the premises	are now open for	business (If not exp	plain below)				
SIGNED BY	Individual, Partner	r or Authorized Cor	porate Office	er			
DATE:	TEI EDUON	IE NUMBER:	E	MPLOYER	R IDENTIFICAT	ΓΙΟΝ NUMBER:	
	TELEFTION	E NOMBER.				Security Number)	
We the undersigned, Acts of 2004, signed to named license and (2) of 2010.	y the building in	spector and the he	ad of the fir	e depart	ment for the	above	
Please Check Below:			LOCAL	LICENS	SING AUTH	ORITY	
APPROVED:	1		By:				
DISAPPROVED: (If disapproved explain)						
(11 disapproved explain	,						
DATE:							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	150000003		CITY OR TOWN HARVARD			
APPLICATION FOR F	RENEWAL:	Annual		LICE	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: F DOING BUSINESS A	THE GRAPE VINI	Ξ				
ADDRESS 285 AYER						
CITY/TOWN: HARV	ARD	STATE: N	IA ZIF	CODE:	01451	
MANAGER: HIRSC	H, ROBERT TYPE	OF LICENSE	:Package Sto	ore	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OUR WEB	SITE AND ENTER YO	UR EMAIL ADDR	ESS		
DESCRIPTION OF LI						
UNIT #3 OF STRIP M. WALKWAY AND LO.						0 SO FT
3. the premises	has complied with a are now open for be	usiness (If not e	explain below	w)	to taxes; and	
			Г			
DATE:	TELEPHONE	NUMBER:	(1)	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCA By:	AL LICEN	ISING AUTH	ORITY
DATE:						

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBEK: 050000004		CITY OR TOWN HAI	KVAKD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED I	FOR 2013
		CLASS		YEAR
	AME: HAYWARD NESS A HARVARI	O COMPANY LLC O GENERAL STORE		
ADDRESS 1 S	STILL RIVER ROAI	D		
CITY/TOWN:	HARVARD	STATE: MA	ZIP CODE: 014	151
MANAGER:	HAYWARD, W. SCOTT	TYPE OF LICENSE: P	ackage Store CATEG	GORY: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED P ORS BUILDING WI		.APPROX. 2300 SQ FT PE	ER FLOOR
2. the	licensee has complied premises are now op	* *		
DATE:	TELE	PHONE NUMBER:		TIFICATION NUMBER: Social Security Number)
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING A By:	AUTHORITY
DATE:				

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